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Oridor dio 1 aportion			Application I		10/622,800		
TI	RANSMITTA	\L	Filing Date		July 18, 2003		
•	FORM	<u> </u>	First Named Inventor		Roman TUROVSKIY		
		W-1-79 - 1	Art Unit		3739		
(to be use	ed for all correspondence after in	iliai filing)	Examiner Na	ame	P. VRETTAKOS		
Total Number	r of Pages in This Submissio	on 6	Attorney Do	cket Number	412692001700		
	ENC	LOSURES (	(Check all	that apply	)		
Fee Transn	nittal Form	Drawing(s)			After Allowance Communication to TC		
Fee A	Attached	Licensing-rela	ated Papers		Appeal Communication to Board of Appeals and Interferences		
Amendmer	nt/Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final Petition to C				Proprietary Information			
		Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
Extension of Time Request		Terminal Disclaimer			X Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund			1. Request for Withdrawal as Attorney or Agent and Change of Correspondence		
Information Disclosure Statement		CD, Number of CD(s)			Address (in triplicate) - 3 pages 2. Copy of Request to Transfer - 2		
Certified Copy of Priority Document(s)		Landscape Table on CD			pages 3. Return Receipt Postcard		
Reply to Missing Parts/ Incomplete Application		Remarks					
	y to Missing Parts under FR 1.52 or 1.53						
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	SIGNATU	RE OF APPLICA	ANT, ATTOR	RNEY, OR A	GENT		
Firm Name	MORRISON & FOER	STER LLP					
Signature	Thrue ?	F. lielt	<u> </u>				
Printed name	Thomas E. Ciotti						
Date	September 8, 2005			Reg. No.	21,013		

I hereby certify that this correspondent an envelope addressed to: Commission	ce is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in oner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.
Dated: September 8, 2005	Signature: (Limusay D. Seydel)

SEP 13 2005

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

equired to respond to a collection of in	omiation unless it displays a valid Olvid control number.
Application Number	10/622,800
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First Named Inventor	Roman TUROVSKIY
Art Unit	3739
Examiner Name	P. VRETTAKOS
Attorney Docket Number	412692001700
	Application Number Filing Date First Named Inventor Art Unit Examiner Name

P.(	mmissioner for Patents D. Box 1450					
Ale	exandria, VA 22313-1450					
Pļease w	rithdraw me as attorney or agent fo	or the abov	e identifi	ed patent application, a	and	
x all th	ne attorneys/agents of record.					
the :	attorneys/agents (with registration	numbers)	listed on	the attached paper(s),	or	
	attorneys/agents associated with (					
NOTE	E: This box can only be checked w practitioners associated with a c	then the po customer n	wer of at umber.	torney of record in the	applic	ation is to all the
The reasor	ns for this request are:					
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The	The address associated with Customer Number:					
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City	U.S.A.	Journal	[0]	<u> </u>	<u> </u>	
	(203) 845-4145		Email			
Signature	Thomas G. Co	ette	<u>.                                    </u>			
Name	Thomas E. C	iotti		Registration No.		21,013
Date	September 8,			Telephone No.		(650) 813-5702
NOTE: Wit the expirati	NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.					

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an envelope addressed to. Con	hissioner for Pateria, 1. Order 1450 Alexandria, 1. Order 1450 Alexand	
Dated: September 8, 2005	Signature: (Lindsay D. Seydel)	

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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	Application Number	10/622,800
	Filing Date	July 18, 2003
	First Named Inventor	Roman TUROVSKIY
	Art Unit	3739
	Examiner Name	P. VRETTAKOS
	Attorney Docket Number	412692001700

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Please withdraw me as attorney or agent for the above identified patent application, and					
x all the attorneys/agents of record.					
the attorneys/agents (with registration numbers) listed on the attached paper(s), or					
the attorneys/agents associated with Customer Number					
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.					
The reasons for this request are:					
Our client, Vivant Medical, Inc., has been acquired by Tyco Healthcare. This request is being made at the request of Tyco Healthcare. Tyco Healthcare is aware of all upcoming deadlines and has asked that we withdraw from representation as expeditiously as possible, so as no to impede the transfer of work to them.					
CORRESPONDENCE ADDRESS					
The correspondence address is NOT affected by this withdrawal.					
2. X Change the correspondence address and direct all future correspondence to:					
The address associated with Customer Number:					
OR					
X Firm or Individual Name United States Surgical					
Address 150 Glover Ave					
City Norwalk State CT Zip					
Country U.S.A.					
Telephone (203) 845-4145 Email					
Signature Thomas G. Cista					
Name Thomas E. Ciotti Registration No. 21,013					
Date         September 8, 2005         Telephone No.         (650) 813-5702					
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an envelope addressed to: Commissi	ioner for Patents, P.O. Box 1450, Alexandria VA 22	313-1450, on the date shown below.
Dated: September 8, 2005	Signature	(Lindsay D. Seydel)

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Examiner Name	P. VRETTAKOS				
Attorney Docket Number	412692001700				

	mmissioner for Patents D. Box 1450	·					
	exandria, VA 22313-1450						
Please w	ithdraw me as attorney or agen	it for the abov	e identif	ied p	atent application, a	and	. ,
x all t	ne attorneys/agents of record.						
the	attorneys/agents (with registrati	ion numbers)	listed on	the	attached paper(s),	or	
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CORRESPONDENCE ADDRESS							
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2. X C	2. X Change the correspondence address and direct all future correspondence to:						
The	The address associated with Customer Number.						
OR							
	X Firm or Individual Name United States Surgical						
Address	150 Glover Ave						
City	Norwalk	State	СТ			Zip	
Country	U.S.A.						
Telephone	(203) 845-4145		Email				
Signature	Signature Thomas G. Cista						
Name	Thomas E	. Ciotti			Registration No.	ļ.	21,013
Date	September	•			Telephone No.	<u> </u>	(650) 813-5702
NOTE: Wi the expirati	thdrawal is effective when approved rath on date of a time period for response or	er than when rec possible extensi	eived. Unl on period, t	ess th	ere are at least 30 days juest to withdraw is norn	betwee nally dis	n approval of withdrawal and approved.

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Dated: September 8, 2005	Signature: (Lindsay D. Seydel)

MORRISON

FOERSTER

755 PAGE MILL ROAD YALO ALTO CALIFORNIA 94504-1018

TELEPTIONE 650.613.5kmp FACSIMILE: 650.494.0792

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Turyo, London, Beijing, Hiangrai, Hong Kong, Singaporr, Bruisbls

Writer's Direct Contact 650/813-4298 MMayer@mofo.com



August 31, 2005

By Facsimile

Kathleen Tracy Intellectual Property Manager United States Surgical 150 Glover Avenue Norwalk, CT 06856

Re:

Requested Confirmation of Instructions to Transfer Vivant Medical, Inc. (41269) All Patent Matters

Dear Kathy:

This letter confirms our receipt of your instructions dated August 29, 2005 to transfer all Vivant Medical, Inc. patent matters to the address below:

Kathleen Tracy Intellectual Property Manager United States Surgical 150 Glover Avenue Norwalk, CT 0685 Business: (203) 845-4145

Business fax: (203) 845-4266

We estimate that it will take us approximately a week to gather the materials and file the required papers with the U.S Patent and Trademark Office. Therefore, you should expect the files shortly.

We have chosen not to photocopy the files. We have made this decision based on the understanding that Morrison & Foerster will be granted access to it in the future, if necessary, for review or photocopy purposes with reasonable notice during normal business hours.

MORRISON FOERSTER

Kathleen Tracy August 31, 2005 Page Two

We ask that you sign below to confirm your transfer instructions as outlined above and your agreement to the estimated date of completion. I look forward to your prompt return of this confirmation so as not to delay the process.

Sincerely,

Mika Mayer

Received and acknowledged by

m 9.1.02